

1490

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami, Gila

County Arizona

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

DATE OF BIRTH*	April	21	1913
	(Month)	(Day)	(Year)

FULL* NAME	FATHER
John Benjamin Champion	

FULL* MAIDEN NAME	MOTHER
Amy Gertrude Wake	

I HEREBY CERTIFY that the child described herein  
has been namedMable Lois  
(Give name in full)Champion  
(Surname)x Amy Wake Champion  
(Parent's Signature) Mother

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 7/11/40

435-421-165